

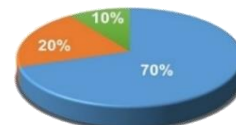
Client Name: _____

Unit: _____

Fort Bragg Financial Readiness Program (910) 396-2507<https://bragg.armymwr.com/programs/frp>**Pay and Entitlements****Deductions**

Base Pay	\$
BAS	\$
BAH	\$
Parachute Pay	\$
Special Pay	\$
Spouse's Pay	\$
Total Pay	\$

Federal	\$
FICA-Social Security	\$
FICA-Medicare	\$
SGLI	\$
State Taxes	\$
AFRH	\$
SGLI/Fam Spouse	\$
MGIB	\$
Meal Deduction	\$
Total Deductions	\$

Ideal Budget Breakdown

Subtract deductions	\$
Total Net Pay	\$

Projected Pay

Pay change notes		Amount of Change

Expenses**Current****Projected**

Housing	Rent or mortgage	\$	\$
	Renter's or home owner's insurance	\$	\$
	Utilities (like electricity and gas)	\$	\$
	Internet and cable	\$	\$
	Cell phone	\$	\$
	Other expenses	\$	\$
	Total housing expenses	\$	\$
Food	Groceries and household supplies	\$	\$
	Meals out (also lunches and vending machines)	\$	\$
	Other household expenses (alcohol and tobacco)	\$	\$
	Total food expenses	\$	\$
Vehicle	Fuel for vehicle	\$	\$
	Vehicle maintenance	\$	\$
	Vehicle insurance	\$	\$
	Other transportation expenses (taxi, uber and other expenses)	\$	\$
	Total vehicle expenses	\$	\$
Personal and Family	Personal Care (barber or salon)	\$	\$
	Daycare/after school care or child support	\$	\$
	Lessons, games and toys	\$	\$
	Gifts/Money given to family members	\$	\$
	Uniforms, clothing and shoes	\$	\$
	Laundry	\$	\$
	Entertainment (Netflix, Hulu, Amazon)	\$	\$
	Total personal and family expenses	\$	\$

Current **Projected**

Health	Medicine (over the counter meds)		\$	\$	
	Dental/vision co-pays		\$	\$	
	Vitamin supplements		\$	\$	
	Total health expenses		\$	\$	
Other	School costs (like supplies, tuition, school clothes)		\$	\$	
	Donations (charity, tithing, etc.)		\$	\$	
	Other expenses (leave or travel)		\$	\$	
	Banking expenses (ATM fees and overdrafts)		\$	\$	
	Total other expenses		\$	\$	
Total Living Expenses (without Financial and Creditors)		\$	\$		
Financial	Savings <i>Balance:</i>		\$	\$	
	TSP or 401K		\$	\$	
	Roth (TSP or civilian)		\$	\$	
	Other investments		\$	\$	
	Total financial expenses		\$	\$	
Creditor Accounts	Creditor	Balance	%Rate	Monthly	Monthly
		\$		\$	\$
		\$		\$	\$
		\$		\$	\$
		\$		\$	\$
		\$		\$	\$
		\$		\$	\$
		\$		\$	\$
		\$		\$	\$
		\$		\$	\$
		\$		\$	\$
	Total credit account expenses		\$	\$	\$

Net Pay (amount from the front of this form)	\$	\$
Total amount of monthly expenses	\$	\$

Current **Projected**

Budget surplus:	\$	\$
Budget deficit: -	\$	\$

Living Expense Ratio

Savings and Investment Ratio

Debt to Income Ratio

Counselor Name and email:	Counselor Phone:
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Action Plan Notes:
Increase Income
Decrease living expenses
Decrease Indebtedness
Trying to cut expenses?

Need help calculating how many tax exemptions you should take?

<https://www.bankrate.com/calculators/tax-planning/payroll-tax-deductions-calculator.aspx>